ICHD - ENVIRONMENTAL HEALTH DIVISION

BLDR-2023-33086 SH

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2023-38347

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4712 -- 43 -- 0405

APPLICANT/OWNER: Robert Smith APPLICANT ADDRESS: 107 Canopy Ct, Mooresville

SITE ADDRESS: 117 Atwell Dr, Statesville 28677 PHONE: 704-657-0456 ALT. PHONE -

SITE DIRECTIONS: Buffalo Shoals - Eufola - Atwell SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Eufola Farms SECTION: - LOT # 34 LOT AREA: 1.147 acres DESIGN FLOW: 360 gpd L.T.A.R.: .36I / .125 R

Septic Tank	1000	(gal)	STB	760	Date	9/8/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	9/11/23	System Description:	VPPBPS (PM)			
Pump Make	Gould		Model	1/3" 230	Serial #	WZ312MW	Repair System Description:	DRIP			
# Nitrification Fields	1		# Lines	4	Linear Ft	200'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24 in		Trench Bottom Depth(Low side)	33 in	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install on contour with the land. Do not drive, park, or grade septic area.

INITIAL SITE SKETCH

See attached by ICHD

approved 10/11/23

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

12 Panels per line
(4) 1/2 sch 80

Dose = 172.8
Flow = 21.92
Time = 7.88
Drawdown = 8.2 in
2 ft head
2 in supply

Checked
Lines MW 10/24
Tanks MW 10/24
Floats MW 10/24
Pressure Head MW 10/24
Alarm MW 10/24
ELEC. BLW 11-14-2023

Installed as drawn

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☒ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Online Signature Date: Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Cory Hill Date: 10/11/23 OPERATION PERMIT by: B Wyant C. Water Date: 11-14-2023

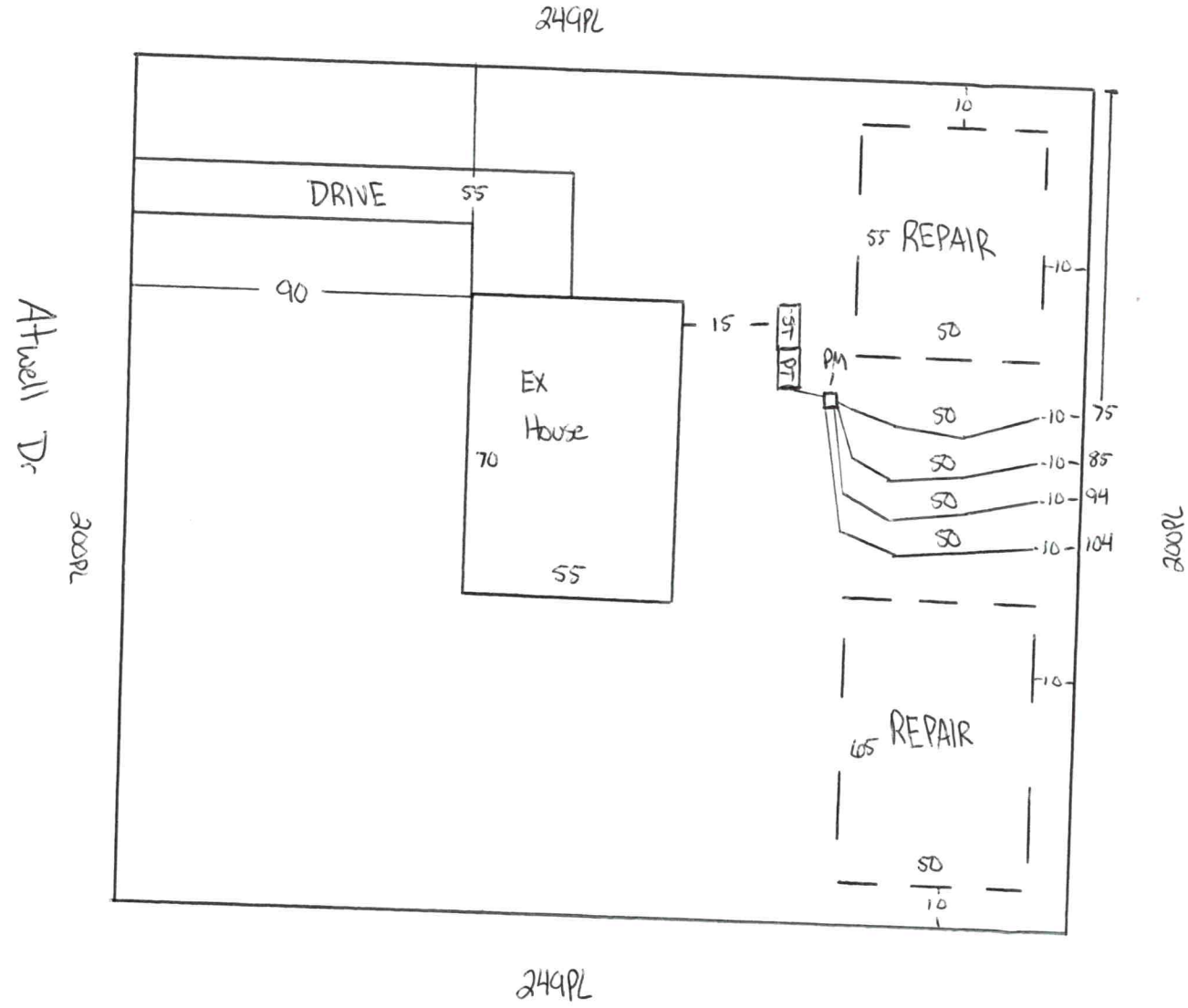
AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 10/11/23 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

1 = 40



Cary Whit
10/11/23

PERMIT SNAPSHOT REPORT OSWP-2023-38347 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	10/05/2023
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Whicker, Cory	**Approval Expire Date:**	

Description: Add pump tank and pressure manifold to original design - INTERMEDIATE RELAY

Parcel: 4712430405.000 Main	**Address:** 117 Atwell Dr Statesville, NC 28677 Main	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
ROBERT+KRISTI SMITH	ROBERT+KRISTI SMITH
107 Canopy Ct	107 Canopy Ct
Mooresville, NC 28115	Mooresville, NC 28115
Business: (704) 657-0456	Business: (704) 657-0456

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Intermediate Re-Layout	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	Using house plans already on file
What are the proposed structures	New Single-Family Residence - Stick Built	Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	3
If other Addition/Structure, please explain		Number of Occupants	3	Foundation Type	Crawl Space Foundation
Water Supply	Other Public Water	Desired Septic System Type	Conventional (most common)	Additional Unique Setbacks Apply	No

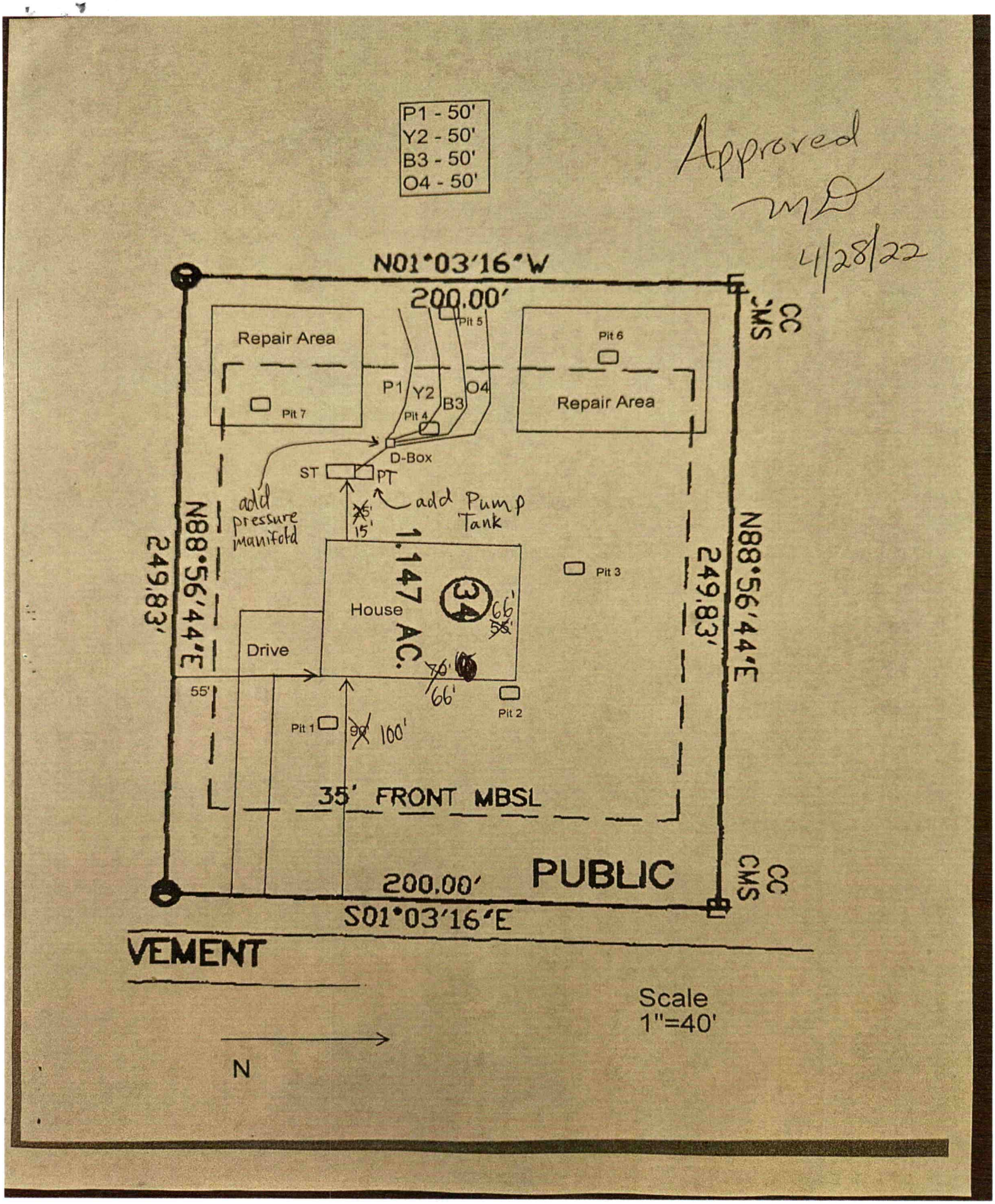
Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_ROBERT+KRISTI_SMITH_10 6/2023.jpg	10/05/2023 21:09	SMITH, ROBERT+KRIS		Uploaded via CSS
16965543656727759831969952146146 _v1.jpg	10/06/2023 9:06	Nebel, Barbara	Available Online	Authorize to Act as Agent

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00021721	Intermediate Re-layout	$320.00	$320.00
	Total for Invoice INV-00021721	$320.00	$320.00
	Grand Total for Permit	**$320.00**	**$320.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		10/06/2023 9:03	10/06/2023 9:03
Confirm application complete v.1	Generic Action		10/06/2023 9:03
Environment Health Inspections v.1			
Operation Permit Inspection v.1	Inspection		
OSWP Alarm Checked v.1	Inspection		
OSWP Drain Lines Checked v.1	Inspection		
OSWP Electrical Checked v.1	Inspection		
OSWP Floats Checked v.1	Inspection		
OSWP Maintenance Contract v.1	Inspection		
OSWP Pressure Head Checked v.1	Inspection		
OSWP Pressure Manifold Checked v.1	Inspection		

PERMIT SNAPSHOT REPORT (OSWP-2023-38347)

OSWP Tanks Checked v.1	Inspection		
Fees v.1		10/06/2023 9:03	10/09/2023 8:17
Issue Invoice v.1	Generic Action		10/06/2023 9:03
Fees Paid v.1	Generic Action		10/09/2023 8:17
~~**Zoning Review v.1**~~			10/06/2023 9:03
~~Floodplain Admin Overview v.1~~	Task		10/06/2023 9:03
~~Issue Invoice v.1~~	Generic Action		10/06/2023 9:03
~~Fees Paid v.1~~	Generic Action		10/06/2023 9:03
Lot Readiness Verification v.1			
OSWP Septic Preliminary Site Visit v.1	Inspection		
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		


P1 - 50'
Y2 - 50'
B3 - 50'
O4 - 50'
Approved
MD
4/28/22
N01°03'16"W
200.00'
CC
CMS
Repair Area
Pit 5
Pit 6
P1
Y2
B3
O4
Pit 7
Pit 4
Repair Area
D-Box
ST
PT
add pressure manifold
add Pump Tank
15'
1.147 AC.
House
34
Pit 3
Drive
66'
55'
Pit 1
100'
Pit 2
N88°56'44"E
249.83'
35' FRONT MBSL
200.00'
PUBLIC
S01°03'16"E
VEMENT
Scale
1"=40'
N

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
4/5/2022

Approved
MD
4/28/22

Reference: Data Sheet for 117 Atwell Dr, Eufola Farms Lot 34
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: County water
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: Drip Dispersal
Distribution: Gravity-Distribution box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Pink 1	50'	50'
Yellow 2	50'	50'
Blue 3	50'	50'
Orange 4	50'	50'



Initial System: 200' **Repair System:** 5700 FT^2

Comments:
A gravity fed system can be achieved if the house and plumbing elevations are carefully maintained.
Please note this design is only intended for the use of two people per bedroom for a total design flow of 360 GPD and a total occupancy of 6 people. It is intended for residential use only, no commercial use. Please note once a septic system reaches 80% of the designed flow you are reaching the maximum ability of the septic system. Additional occupancy could lead to premature failure of the septic system.

PROPERTY ID #: 4712430405
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved
4/28/22

OWNER: Robert Smith
ADDRESS: 107 Canopy Ct, Mooresville, NC 28115
PROPOSED FACILITY: 3 BDRM PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 117 Atwell Dr, Eufola Farms Lot 34

APPLICATION DATE
DATE EVALUATED: 4/2022
PROPERTY SIZE: 1.147 AC
PROPERTY RECORDED:

WATER SUPPLY: ☐ Private X Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 5%	0-29	FILL		Mn YB @ 60"	70"	N/A	N/A	NOT IN USE
		29-36	Br CL WSBK	FR SS SP SXP					
		36-70	R C ABK	FR SS SP SXP					
2	TS 5%	0-22	FILL		COM Redox CHR 2 @ 42"	42"	N/A	N/A	US NOT IN USE
		22-29	Br SCL WSBK	FR SS SP SXP					
		29-42	YB C ABK	FR SS SP SXP					
3	LS 12% Not in Septic Area	0-6	Br SCL WSBK	FR SS SP SXP	YB CHR 2 @ 29"	29"	N/A	N/A	PS 0.25
		6-24	R C SBK	FR SS SP SXP					
		24-29	R C ABK	FR SS SP SXP					
4	LS 6%	0-10	Br SCL WSBK	FR SS SP SXP	N/A	70"		N/A	PS 0.3
		10-39	R C SBK	FR SS SP SXP					
		39-70	R CL WSBK	FR SS SP SXP			F-C SAP		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400 FT^2	5700 FT^2
System Type(s)	PPBPS	DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4712430405
DATE OF EVALUATION:
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	LS 6%	0-16	Br SCL WSBK	FR SS SP SXP	N/A	55"	F-C SAP PS	N/A	PS 0.3
		16-55	R C SBK/ABK	FR SS SP SXP					
		55-72	VER SL SAP M	VFR SS SP SXP					
6	LS 6%	0-10	Br SCL WSBK	FR SS SP SXP	YB CHR 2 @ 30"	30"	N/A	N/A	PS 0.25
		10-30	R C ABK	FR SS SP SXP					
		30-60	R CL WSBK	FR SS SP SXP					
7	LS 6%	0-9	Br SCL WSBK	FR SS SP SXP	YB @ 27" CHR 2 @ 33"	33	N/A	N/A	PS 0.25
		9-33	R C ABK	FR SS SP SXP					
		33-60	R CL WSBK	FR SS SP SXP					

COMMENTS:

RECEIVED APR 12 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-322397 Pd. $350.00 Exp. Rev

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (✓) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Robert Weston Smith **Address:** 107 Canopy Ct, Mooresville, NC **Zip:** 28115

Applicant Email: Weston Smith 64@gmail.com **Phone:** 704 657 0456 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 117 Atwell Dr

Subdivision Name: Eufola Farms **Section/Phase:** _____ **Lot Number:** 34

Driving Directions: _____

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 4/12/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

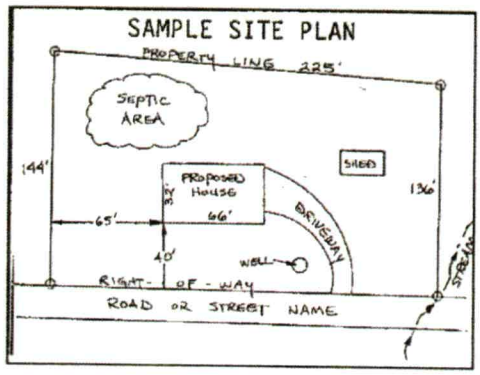
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached Plan

Signature: _____ 4/12/2022

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Robert Weston Smith, am the legal owner(s) of the property located at 117 Atwell Drive, identified as PIN (Parcel Identification Number) 4712430405, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	4-7-2022		

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

✓ **Complete all Environmental Health forms**:
- ✓ Application
- ✓ Site Plan with dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

✓ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 4/12/2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
322397 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4712430405.000	117 ATWELL DR	Iredell County

Owner Information	Applicant Information
Name: SMITH ROBERT+KRISTI	Name: SMITH ROBERT+KRISTI
Address: 107 Canopy Ct	Address: 107 Canopy Ct
Mooresville, NC 28115	Mooresville, NC 28115
Phone: (704)657-0456	Phone: (704)657-0456

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.147	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

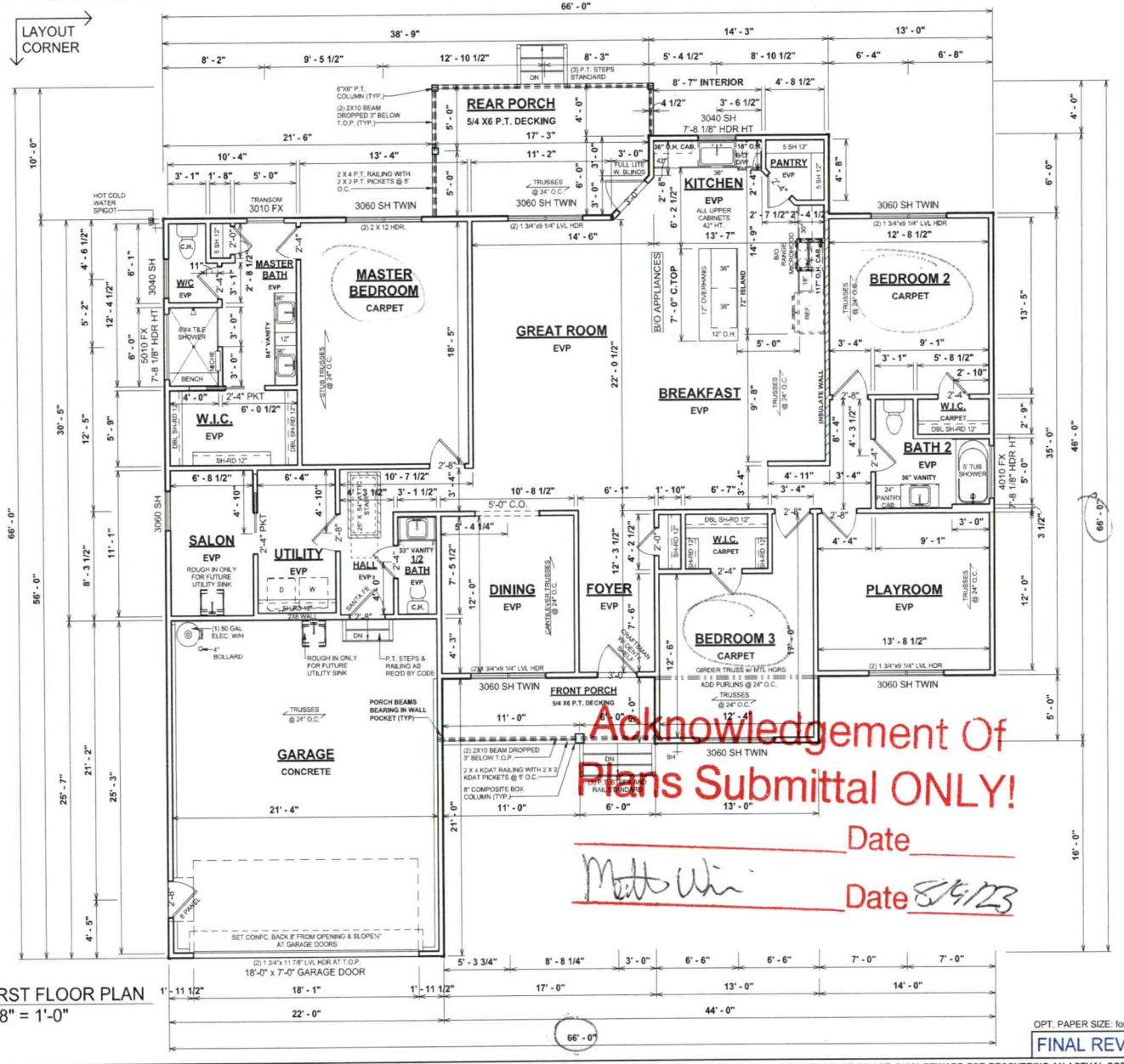
Remarks
sfd

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 10/18/2021

Signature of Owner/Contractor

Permit Number	322397	TOTAL FEES:	$77.25



1 FIRST FLOOR PLAN
1/8" = 1'-0"

GENERAL NOTES

- MIN 9'-1 1/8" CEILING HEIGHT ON FIRST FLOOR
- ALL LOAD BEARING WALLS & EXT. OPENINGS TO HAVE (2) 2X10 HEADERS UNLESS OTHERWISE NOTED
- STANDARD FIRST FLOOR WINDOW HEADERS TO BE FRAMED DOWN 2'-2" FROM T.O.P. EXCEPT AS NOTED
- 7/16" O.S.B. AND HOUSEWRAP REQUIRED
- DIMENSIONS ARE TO SHEATHING EXTERIOR; SUBTRACT 1/2" FROM DIMENSIONS FOR EXTERIOR WINDOW AND DOOR FRAMING LOCATION IF OPENINGS ARE FRAMED BEFORE SHEATHING INSTALLATION
- ALL INTERIOR DOORS ARE EITHER CENTERED ON WALLS OR R.O. STARTED MIN OF 4" FROM ADJOINING WALL UNLESS OTHERWISE DIMENSIONED
- NUMBER OF EXTERIOR OR GARAGE STAIR TREADS & RISERS MAY VARY AS A RESULT OF LOCAL BUILDING CODES, STANDARDS AND FINAL GRADE
- CLOSET SHELF HEIGHT OFF FLOOR:
  SINGLE - 68"
  DOUBLE - 42" & 84"
- ALL PLUMBING FIXTURES SHOWN ARE A REPRESENTATION OF SIZE AND LOCATION ONLY. ACTUAL STYLE AND BRAND OF FIXTURES MAY VARY PER OFFICE LOCATION
- ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE
- INSTALL A 24" WIDE WALKWAY FROM ATTIC ACCESS TO FURNACE PLATFORM
- RAILINGS ARE A FORCED OPTION WHEN PORCH IS OVER 30" HIGH

SPECIAL NOTES

1. QUARTZ KITCHEN COUNTERTOPS W/ 4" QUARTZ BACKSPLASH, AND UNDERMOUNT SINK
2. MARBLE COUNTERTOPS IN BATHS
3. KITCHEN CABINET DRAWERS ARE TO BE SOFT CLOSE, FULL EXTENSION WITH DOVE TAIL CORNERS
4. SMOOTH CEILINGS THROUGHOUT
5. MIRRORS B/O, NO MIRROS IN ALL BATHS
6. SANTA FE STYLE DOORS
7. APPLIANCES B/O
8. GARAGE DOOR TO BE HILLCREST LONGBEACH BOARD WALNUT COLORED W/GLASS



2 36" VANITY ELEVATION
3/8" = 1'-0"

OPT. PAPER SIZE: for 1/4" = 1'-0" on 24" x 36" PAPER SIZE ENLARGE PRINTS TO 200%

FINAL REVIEW CONSTRUCTION PLANS

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PAPER SIZE: 11" x 17"

SCALE: As indicated

REVISION SCHEDULE

REV #	DESCRIPTION	DATE

AREAS:	
FIRST FLOOR HEATED	2,366 SF
	2,366 SF
FRONT PORCH	85 SF
GARAGE	561 SF
REAR PORCH	170 SF
TOTAL UNDER ROOF	816 SF
	3,181 SF

THE: FRANKLIN A
FOR: SMITH, WESTON & KRISTI
117 ATWELL DRIVE STATESVILLE NC 28677
OFFICE: STATESVILLE-87
SOLD BY: J.SCHOOLEY

JOB #: 87-23-032
2x4 EXTERIOR WALLS
FOUNDATION TYPE: CRAWLSPACE

DRAWN BY: ANDREA S.
CHECKED BY: JS
PRINTED: 8/4/2023 3:23:19 PM

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SHEET #: F-2

FIRST FLOOR PLAN